



REQUEST FOR RECORDS
CHILD PROTECTIVE SERVICES (CPS)
(Instructions on back)



DEPARTMENT OF
FAMILY SERVICES
CLARK COUNTY

A. REQUESTER INFORMATION (Please print):

NAME (Last, First, M.I.)		CASE RELATIONSHIP (Parent, attorney, guardian, etc.)	
REQUESTER'S DATE OF BIRTH (if documents are about the requester)		REQUESTER'S HOME OR CELL PHONE NO.	REQUESTER'S WORK PHONE NO.
REQUESTER'S MAILING ADDRESS		CITY	STATE ZIP CODE
INVOLVED CHILD(REN)'S NAME (Last, First, M.I.)	OTHER SPELLINGS and/or AKA(s)		DATE OF BIRTH
CHILD(REN)'S MOTHER'S NAME (Last, First, M.I.)	OTHER SPELLINGS and/or AKA(s)		DATE OF BIRTH
CHILD(REN)'S FATHER'S NAME (Last, First, M.I.)	OTHER SPELLINGS and/or AKA(s)		DATE OF BIRTH

B. REQUEST FOR RECORDS FOR COURT HEARING (Processing time: Minimum of seven (7) business days, upon receipt of proper proof of hearing)

DATE OF HEARING: _____ DEPARTMENT: _____ COURT CASE NO.: _____
TYPE OF HEARING: _____

Note: Proper proof of court hearing date and department, such as a copy of the Register of Actions or a copy of an official file-stamped document from the court, is required before processing of this request will begin. Process time is dependent upon the type, volume, and extent of records requested.

C. GENERAL REQUEST FOR RECORDS (Processing time: Up to ninety (90) days, unless valid upcoming court hearing is indicated – See Section B)

REQUESTED DOCUMENTS (Be specific so your request can be processed as quickly as possible)

D. REQUEST FOR CASE CLOSURE SUMMARY (Processing time: Up to thirty (30) days, unless valid upcoming court hearing is indicated – See Section B)

☐ I, am the parent/legal guardian of the juvenile(s) listed below, and do hereby request a *Case Closure Summary*. I acknowledge that the *Summary* will consist of the type of allegation, disposition of the allegation, dates the investigation was opened and closed, and the name of the caseworker who investigated. I also acknowledge that if I am the legal guardian, I will be required to provide court documentation for verification.

Note: Open Child Protective Services investigations will not be reflected on a *Closed Case Summary*.

REASON FOR REQUEST (Check applicable box)

- | | | |
|---|---|--|
| <input type="checkbox"/> Court hearing (complete Section B) | <input type="checkbox"/> Foster care licensing | <input type="checkbox"/> Employment matter |
| <input type="checkbox"/> Agency appeal of substantiated finding | <input type="checkbox"/> Custody/Divorce matter | |
| <input type="checkbox"/> Other (specify): _____ | | |

E. RECORD DELIVERY TYPE (Records will be mailed if neither box is checked)

- | | |
|---|--|
| <input type="checkbox"/> Please mail me copies of the above records. | <input type="checkbox"/> Please email me copies of the above records |
| <input type="checkbox"/> Please contact me to arrange a time for me to pick up the above records. | Email: _____ |

F. CERTIFICATION AND SIGNATURE

I certify that I am the person requesting information in the foregoing request and have attached documentation verifying my connection to the records. I also understand that all information I receive is confidential and shall not be further disclosed.

SIGNATURE OF PERSON REQUESTING INFORMATION	DATE SIGNED
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CLARK COUNTY

INFORMATION AND INSTRUCTIONS

Attention Child Welfare Agency employees: The Request for Records form is not intended for use by Child Welfare Agencies. Should you require records, please call (702) 455-6683.

Clark County Department of Family Services (DFS) CPS records and Agency files are confidential¹.

DFS may release confidential records and files to the following persons².

- 1) Child or child's attorney/guardian ad litem
- 2) Parent or guardian of the child
- 3) Subject of a report of child abuse or neglect
- 4) Attorney representing any such persons
- 5) Person who was granted court order

To request documents, the following information must be provided as it relates to the parent, guardian, and/or person who is the subject of the report:

- 1) Documentation verifying your identity (*If you are a private attorney this documentation relates to your client*):
 - Copy of a valid photo ID such as:
 - Driver's license
 - Military ID
 - State Issued ID
 - Passport
 - Permanent or Temporary Resident Card
- 2) Documentation showing your authority to request records (if applicable):
 - Birth certificate of each child (copy) – Please attach if you are requesting as a parent or guardian.
 - File Stamped Court Order – That establishes your relationship to the child(ren) (ie. Custody, Divorce, or Child Support).

Two types of requests are available. You must provide information as completely and accurately as possible to facilitate a record search and processing. **Please choose only one of the below:**

- **CASE CLOSURE SUMMARY REQUEST**
*Processing time: Up to **thirty (30) days***
This request/report is only available to a parent, legal guardian, or person 18 years of age or older who is the subject of a report.

or
- **GENERAL RECORDS REQUEST**
*Processing time: Up to **ninety (90) days**, depending upon the volume of records requested*
This request requires a brief statement explaining your reasons for requesting this record. DFS will strike out (redact) from the record any information for which the requesting party is not permitted access under Nevada and federal law. Please be advised that, unless the entire case file is specifically required (such as by Court Order or Subpoena), DFS will provide only the CPS Summary Report(s) and Case Notes for the relevant case.

**Return fully completed form
to:**

DFS RECORDS UNIT
701 N. Pecos Rd, K-2
Las Vegas, NV 89101
Telephone: (702) 455-6683
Fax: (702) 384-4859
Email: DFSRecords@ClarkCountyNV.gov

¹ NRS § 432B.280, NRS §127.200

² NRS § 432B.290